The Canadian Nurse

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In Memoriam

A few minutes before midnight on January 20, 1936, our late beloved Sovereign, King George V, laid down his heavy burden and entered into eternal rest. The British Commonwealth of Nations has lost a wise and noble ruler—but this bereavement goes deeper. We who belong to that great family have lost a father—for that is what he was to each and every one of us, old and young alike.

King George and his gracious Consort always showed an active and understanding interest in nurses and nursing and to many Canadian nurses the late King was more than a revered ruler, he was a comrade-in-arms. They received in person, and at his hands, as their Commander-in-Chief, the medals and citations to which their military nursing service had entitled them. He had a personal and kindly greeting for each one and an unfailing courtesy which never grew stale with the repetition of ceremonies which must have been wearisome had he not realized how much the occasion meant to the recipient of the honour conferred by him.

Our hearts go out to the King's nurse, Sister Catherine Black, and to her associates. The humblest among us have shared the high privilege of seeking to shield the wavering flame of human life from the threatening wind of death. We can understand their grief when it became clear to them that their devotion and skill were all in vain.

Those who listened to that last broadcast on Christmas Day must have been touched by King George's tender solicitude for the sick, the unfortunate, the unemployed and for all others in distress. "Even as a Father pitieth his children" . . . the words of Holy Writ came to mind as the deep, kind, tired voice spoke so quietly and simply to his people the world over. Let us take as our watchword in these difficult days the words he spoke with such vibrant feeling: "a friend to all, an enemy to none." That, above all things, is what he would have us do and be,—in memory of him.

May he rest in peace and may Light Eternal shine upon him.

FOOD AND NUTRITION

I. M. RABINOWITCH, M.D., D.Sc., Director of the Department of Metabolism, The Montreal General Hospital.

I should like to say at the outset that if anyone, listening in to this brief outline of the subject of food and nutrition, is expecting specific advice about the use of diets for any specific condition, either in health or in disease, that person will be disappointed, for it is my purpose this evening to point out the dangers of such practice. The subject of food and nutrition is a wide one; and in selecting that phase with which I propose to deal, I was guided by the view which I have held for some time about the dissemination of medical knowledge amongst those who do not possess the necessary training to fully appreciate that knowledge.

The medical profession does not, and we hope never will, hesitate to spread that knowledge which, by preventing disease, will avoid individual suffering and tend towards the promotion of national well-being. I doubt, however, whether this highly laudable motive may not lead, and has not in the past led, to practices not only of no benefit to the public, but to actual impairment of health. Amongst those who have given such advice, there have undoubtedly been men whose ability to deal with these health problems cannot be questioned. Nor can there be any doubt of their sincerity and I must apologise for having raised that point; but, in my opinion, neither elevated position nor purity of motive can absolve any one from the possible harmful effects of such advice; and of the harm that health talks may at times do, and, from my own experiences I know, have done, perhaps no better examples may be found than in experiences with advice about food.

Food and Nutrition

It is always important, for a clear understanding, in any discourse, to define the terms we use. Let us, therefore, firstly clearly understand what we mean by the term food and what we mean by the term nutrition.

Living structures: animate objects, vegetable, animal or man, differ from inanimate, lifeless objects, such as rocks, in that they have the capacity not only of adding to the substances of which they are made, but, also, of maintaining their structures by keeping them in constant repair. Our tissues, all of the organs of our bodies, are continuously breaking down, because of the demands which are constantly put upon them. To keep these organs in a state so that they may function properly, these broken-down constituents must be replaced; and, in any given case, the balance struck between the breaking-down and the building-up processes reflects to a large extent the nutritional state of that individual. When the rate of repair is equal to the rate of destruction, the end result is a stationary body weight; when the rate of destruction is greater than the rate of repair, the end result is a loss of weight. In children, to enable them to grow, the rate at which the tissues are built up must be greater than the rate at which they are destroyed. This is one of the quantitative aspects of nutrition.

There is also a qualitative aspect of nutrition and this is particularly noticeable in disease. For example, there is the problem of the relative proportions of the different elements of the body which are broken down; there is the problem of the effects of the broken-down products and their elimination; and the ability of the body to utilize the foods which are necessary to replace the materials which had been broken down. The science which deals with the combined mechanism of the breaking-down and the building-up of the tissues is known as the science of nutrition. A number of conditions influ-

(A radio address given under the auspices of McGill University and the Quebec Women's Institutes, Nov. 22, 1935.)

ence the capacity of the human being to maintain a normal state of nutrition and one of these conditions is food.

Now, the term food is not as simple to define as it might appear. Not very many years ago, we thought of food in terms of available energy only. The processes of nutrition then appeared to be very simple; they were explained entirely by the then known laws of matter and of energy. The laws of energy tell us that no work can be done without expenditure of energy; and that energy does not come from nowhere; wherever it is active, it must have been potential elsewhere. Food derived from plants may be cited as an example. The sun—the source of all of our energy—acts upon the leaf which contains carbon dioxide and water and converts the carbon dioxide and water into a simple sugar, and then into a series of complicated sugars. The amount of energy which the leaf acquires from the sun during the manufacture of these sugars may be determined by measuring the amount of energy which is released when these sugars are destroyed and reconverted into their original constituents, carbon dioxide and water. From actual experiments, we know that in the formation of one gram of sugar by any plant, the sun supplies to that plant about four calories of energy. Therefore, when a person takes, or is given, any food which contains one gram of sugar, the body of that person is supplied with four calories of energy.

Now, since work cannot be done without the expenditure of energy, and since the energy must come from food, we must eat; food is to the human body what gasoline is to the engine; but food is something more and it is important to know something of this something more before we can properly understand what constitutes food and what the problems are in correcting errors of nutrition.

If we measured very accurately the amount of work we wish to do and then, to counterbalance the expected energy expenditure, we took the proper amount of food from those substances which supply energy (carbohydrates, fats and proteins) we would soon find that, though such a diet may contain an adequate number of calories, it is very unhealthy; we would soon find that a diet containing nothing else but pure carbohydrates, pure fats and pure proteins, though it may have a high fuel value, would sooner or later impair health and eventually lead to death. It is obvious, therefore, that food is not merely a matter of calories.

Vitamines

From experiments in nutrition, we now know that there are other factors to consider; and one of these is a proper supply of vitamines. How important these vitamines are is very strikingly shown in two of their characteristics. The first is the wide distribution of vitamines in nature; and the second is the marked disproportion between their importance in the human economy and the amounts which are actually necessary to maintain health; the amounts required are extremely small. The lesson which this alone teaches us in matters of diet is a very important and practical one. Since the amounts which are required are extremely small, and since these vitamines are widely distributed in food materials, the ordinary person need not be very greatly concerned about them: the daily intake of vitamines will be adequate providing he eats a variety of foods and this, when he is left alone, man has learned to do from habit; differing from animals, man's dietary habits are omnivorous. From what I have just said, I appreciate the fact that I have made myself very unpopular with the manufacturers of the widely advertised vitamine products with which all who read the newspapers must be familiar.

Aside from fuel—materials which supply calories — and aside from vitamines, the body also requires water and a variety of salts. With extremely few exceptions,

all chemical reactions which take place in the body must take place in water and some idea of the importance of water may be gained from the fact that water accounts for approximately three-quarters of the total body weight. The problem of nutrition does not, however, end here. Other factors which we must consider may be seen from the following examples:

Efficiency

It is very uncommon to find two people who, though apparently alike, can do the same amount of work, though they may be given the same amount of food; the same supply of vitamines and the same amounts of salts and water; and one reason for this difference is efficiency. An example of efficiency is found in experiences with engines. The efficiency of an engine is judged by the relationship between the work it can do and the amount of fuel it requires for that work. No engine has yet been found which is one hundred per cent efficient; all machines waste some fuel and, the greater the waste, the less is the efficiency. Man, though not strictly comparable to a heat engine, is no exception to this rule. In the human being, as in the engine, not all of the fuel is available for work; there is a certain amount of energy wasted; and, in the untrained person, this waste may be quite appreciable, because of unnecessary efforts. Therefore, since food is the only source of energy, the untrained person requires a greater amount of food to perform the same act than the athlete; but the story of nutrition does not end here.

Availability

Let us assume that we have two people who are equally efficient; whose diets contain the same number of calories;the same supply of vitamines and the same supply of salts and water, we may still find that the same amount of work cannot be performed with the same amount of food; and one reason for this difference in behaviour may be the availability of that food. A number of conditions influence availability and two are digestion and absorption of the food. It should here be observed that as long as food is in the stomach and in the intestines, it is of no use as food, for as long as food is in the gastro-intestinal tract, it is, practically speaking, outside of the body. In order that the body may make use of any food, that food must be absorbed into the system and this absorption, with few exceptions, depends upon digestion. There are a few foods which require no digestion; they may be absorbed in the form in which they are taken. Grape sugar (glucose) is an example of such a food; alcohol is another. The majority of foods, however, require digestion; that is, they must be altered chemically or physically or both. One of the functions of digestion is, for example, to put food into solution; insoluble starches are converted into soluble glucose; insoluble proteins are converted into soluble substances known as amino-acids; and insoluble fats are converted into soluble glycerine and into a number of acids all of which are soluble. The problem of nutrition does not, however, end here.

Dynamic Action

Assuming that the two individuals are identical with respect to all of these conditions which I have mentioned, we may still find that they are unable to do the same amount of work with the same amount of food and at the same time keep their bodies in a normal state of nutrition; and one reason is the peculiar stimulating action of food; food not only keeps the body in repair and enables it to do work, but it also has the capacity of increasing the activity of the tissues. This, aside from work, as we ordinarily know it, also, causes the tissues of the body to break down. As these tissues must be kept in repair, this peculiar action results in a loss of some of the food which was meant for work. This phenomenon is known as the dynamic action of food.

The purpose of this dynamic action is not clearly understood.

Ordinarily, the specific dynamic action of protein is greater than that of fat; and the specific dynamic action of fat is greater than that of the sugars. Since each food has its own peculiar capacity to cause this expenditure of energy, we use the term specific dynamic action. As a rule, even in health, very few people have the same specific dynamic action with the same food; and, one of the difficulties, at times, in problems of nutrition is that, in some people, the specific dynamic action of sugars may be greater than that of fats; while in others fats may cause a greater expenditure of energy than proteins. Some idea of the importance of this specific dynamic action may be gained from the fact that protein (the essential constituent of lean meat) may at times account for an expenditure of energy equal to as much as twenty per cent or more of the total energy supplied by the diet. This is the basis of some of the so-called — and not entirely harmless — "eat and grow thin" diets.

Other Factors

Aside from all of the factors I have mentioned, there are a number of others which may influence nutrition; one is the environment of the individual, that is, hygienic conditions in general. Another, and not the least important, is heredity. Some people, for example, are naturally thin, while others are naturally fat. Herein lies one of the greatest dangers in the unintelligent use of diets and the insistence upon reduction or increase of weight to standard levels. It should be observed that our standards of weight are statistical; they are based upon experiences with large groups of people. The fact that they are statistical standards, clearly indicates that they may, or may not, and need not necessarily, apply to the individual. It is because of failure to recognize this fact that efforts to cause reduction of weight in the obese or to increase weight in those who are apparently underweight have not infrequently led to impairment of health.

A Warning

In the fourteen minutes allotted to me, I have attempted to outline briefly some of the difficulties in the correction of disorders of nutrition by treatment with diet. There are others. It must, therefore, be obvious that the problem of food and nutrition is not simple, and the lessons which the few observations I have made should, and I trust will, teach, is that there is no one diet suitable for all people either in health or disease. Proper advice about diets demands a knowledge of all the conditions I have outlined and this, in turn, demands a knowledge not only of chemistry, physics, biology and of physiology but also of pathology. With this knowledge, universities attempt to equip those whom they graduate as physicians. The physician alone, therefore, is in a position to properly guide the individual in matters of nutrition; and one of the purposes of this brief outline is to warn against the dangers of the increasing popularity of unintelligent dieting. Such practices, if continued, must inevitably lead to serious impairment of health, not only because of misapplication of properly established diets, but of the uses of food materials or combinations of food materials which, notwithstanding the claims made for them by so-called authorities on diet, have no foundation whatsoever either in sound theory or in fact.

For further particulars concerning the Biennial Meeting see "Notes from the National Office", p. 77 in this issue.

ARE YOU COMING TO VANCOUVER?

RUBY M. SIMPSON, O.B.E., President of the Canadian Nurses Association.

In the week of June 29 to July 4 of this year we will convene, in the city of Vancouver, the eighteenth general meeting of the Canadian Nurses Association. Will you be there? Why not plan now to include it in your vacation? Allowing less than one week for the sessions of the meeting, you would still have a good part of your month to spend in that ideal holiday province, British Columbia. Better think it over.

Our general meeting, held only biennially, is of the utmost importance to every provincial, every local and every alumnae association as well as to every individual nurse in Canada. It is a time and a place when nurses from all parts of the Dominion may meet in council together and it is the only such opportunity afforded us. The attendance comprises official delegates, unofficial delegates and members. Official delegates, appointed from each province, are the spokesmen for their respective associations and constitute the voting strength or business force of the meeting, since, on matters affecting policy, they have been empowered to think, act and speak for the organizations they represent. Such delegates must of necessity be carefully chosen. They carry a heavy responsibility.

But the unofficial delegates who come representing the great numbers of local and alumnae groups, and the individual nurses who attend because of keen interest in the affairs of their profession, are quite as important. Without them, since they make up by far the larger group, there could be no National Association and no biennial meeting. This is not always clearly understood, particularly by the younger nurses who sometimes suggest that attendance is worth while only for official delegates, of whom, of course, there can be only a limited number. This is quite an erroneous idea. All nurses attending have a definite function, as well as a direct obligation. They have votes on many matters — on most matters, in fact, and they not only have the privilege of participating in discussion but they are strongly urged to take advantage of this privilege. It is *their* meeting, the affairs of their National Association are at stake and they have every right to stand squarely to the fore in every session. So, whether you come as an official delegate, an unofficial one or as a mere member, the meeting is open to you and presents an opportunity for you to express your opinions freely and openly. You are equally welcome and equally necessary in whatever capacity you attend. That you be there is the main thing.

If I were asked for a general subject for our deliberations for the whole week, I think I should say, "Towards Action" and we have, in fact, used that as a heading for one particular session. You might, by the way, read the article of that title in the September, 1934, issue of *The Canadian Nurse* as a preparation for the biennial meeting. Why not read it aloud as a part of the programme for the meeting at which you plan to decide on your delegates? You have read it before? You may well read it again. In referring it to you a second time I am convinced that it is worthy of further perusal. Its content must be kept clearly before us until we have accomplished everything set out therein.

The programme will present many timely topics for your consideration, — health insurance, for instance, which is of interest to you now and which will probably be of much greater interest before much more time elapses; the community nursing bureau and its possibilities, a matter left with us for trial from the general meeting of 1934; you will be anxious to hear from each province as to the result of its efforts; Dominion registration for nurses, a question on which we hope to take action this

year: the committee has a suggested plan, very well worked out, and you will want full information on it. These are only a few of the programme items. "Notes from National Office" will give you the details in this and succeeding issues of the *Journal*.

Ample provision is being made for general participation from the floor. An hour and more will be allowed for discussion only, in each of the important questions. In the last analysis, this is the most profitable part of any programme: If the discussion is keen, the meeting is a success. Do come prepared to take part in it. The more help you give, the better the meeting will be, for you and for every one else.

Already we have secured several outstanding speakers: Dr. George M. Weir, Minister of Education and Provincial Secretary for the province of British Columbia, the same Dr. Weir who directed our Survey of Nursing Education in Canada in 1929 to 1931; Miss Mary Beard, a distinguished American nurse, who is an associate director of the International Health Division of the Rockefeller Foundation, and Professor Ira Dilworth of the University of British Columbia. The latter will be the guest speaker at a dinner meeting.

Is a small alumnae group justified in the expense of sending a delegate to a general meeting? This question has been asked. Groups which have tried it will agree that the answer is "Yes", and most of them will give it enthusiastically. Is renewed ardour necessary in your association? Then send a delegate to Vancouver. Choose a young nurse just beginning to shoulder the load, or, if you prefer, an older one whose judgment has been tempered by experience: either will bring you the desired result.

Unless I am much mistaken they will both catch the inspiration which characterizes a large meeting and they will relay it to you in the form of first-hand, personal impressions of debated questions and participating speakers. They will give you a touch of the excitement attending the announcement of the results of *The Canadian Nurse* circulation campaign. They will make the Florence Nightingale International Foundation real to you. They will make you wish that you, too, might have been present on that memorable occasion, the presentation of the first award of the Mary Agnes Snively medals. They will, in a word, bring the biennial meeting of the Canadian Nurses Association back to you and you will decide that it was good for them to be there and that your group can never again afford to be without representation.

"BUSINESS, SPEECH AND REFRESHMENTS"

FLORENCE GREENAWAY, Reg. N., Toronto Western Hospital, Toronto.

By way of following up a discussion in the October issue of *The Canadian Nurse* under the title of "Why they stay away," I should like to ask a few questions. Let me say that I belong to an alumnae association organized for "the promotion of unity and good feeling among the members and the advancement of the interests of the profession of nursing." To a considerable degree this function is fulfilled: especially fine educational programmes including lectures

and demonstrations in advanced methods and the treatment of disease are planned, and we have had addresses on current events. I am also glad to say that there is a happy feeling between the older and younger members and responsibilities for executive and social planning are fairly reasonably shared by all.

However, I believe an alumnae association should go further these days in an attempt to solve the problems of its members. Many private duty groups and hospital organizations are facing them and our Canadian Nurses Association is aware of changing conditions for nurses.

But it is difficult for the young graduate, who may have entered training at a comparatively early age, with little experience outside of school life, to even begin to comprehend the vastness and seriousness of the situation. Due to the long hours and the physical strain under which she must train, and even though her supervisors have tried to emphasize the cultural and intangible values of life, it is almost an impossibility for her to graduate as an intelligent citizen. Let us remember, moreover, that she possesses great possibilities, even for world citizenship. Her training, by its very nature, calls for the best in her and she has had an opportunity of seeing life realistically. Meanwhile, however, her friends have moved on into varied spheres of living and it is unlikely that they, too, have been forced to the same extent as she has to neglect a pursuit of wide interests and activities. Is it any wonder then, that she finds it difficult to adjust herself in a world where thinking people are concerned for world peace and international relationships, social and economic conditions, new trends in education, Christianity or Communism? She has not even learned to think in terms of her own profession; nor can she be expected so to think, especially if her first and foremost problem is that of existence.

So many nurses merely drift with the crowd with little interest in life apart from themselves. Has the alumnae association any responsibility to these younger nurses? Do the younger graduates appreciate the experience of the older graduates, especially those who have worked, and are working, to advance the profession? Is it possible that we as a profession, are not keeping faith with Florence Nightingale? No, do not be shocked; I am sure she would be gratified to see the scientific nursing done in modern hospitals and in the public health field, and to watch the high quality of bedside nursing given by nurses everywhere. Yet, I wonder if she would not begin to look for ways and means of leading us through this crisis.

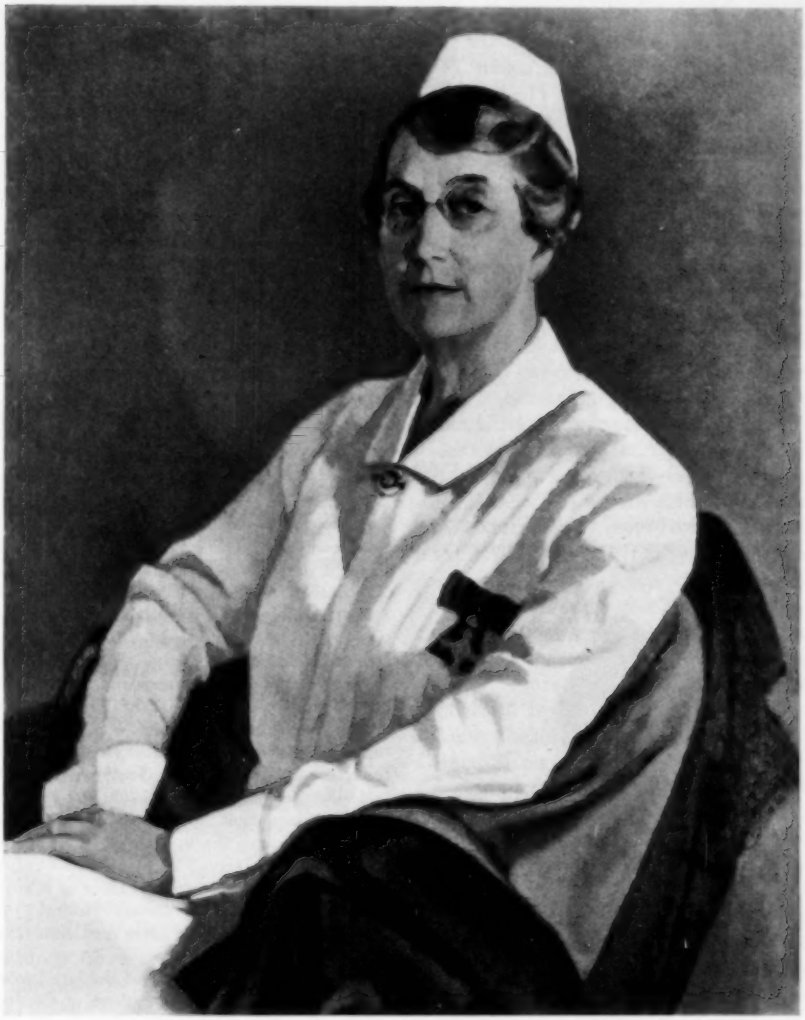
Has the time come to move away from the old traditional type of programme: "business, speech and refreshments"? Nurses should be led to do some active thinking. Why not make an effort to pool that thinking in a concentrated theme? How? Let them form into study groups and do some research work by means of books and the study of community activities. Every alumnae association must decide for itself, but here are some suggestions. Kirby Page, in his book "Living Creatively," entitles his eleven chapters thus:

Relieve human misery.
Transform unjust social systems.
Gain vision and serenity through silence.
Seek beauty.
Cultivate friendship and fellowship.
Recover strength through penitence.
Explore great biographies.
Follow the noblest personality.
Co-operate creatively with God.
Run risks and accept penalties.
Make wise use of time.

Are there any suggestions of value to nurses in that list? There are a few nurses in Toronto who would be interested in participating in some discussion along these lines.

A PORTRAIT

It is the privilege of *The Canadian Nurse* to reproduce for the first time this fine portrait of Mabel F. Hersey, superintendent of nurses and principal of the School of Nursing of the Royal Victoria Hospital, Montreal. This picture is a gift to the School of Nursing from Mr. J. W. McConnell, a member of the Board of Governors of the Hospital, and is hung above the fireplace in the staff nurses' sitting room — an appropriate setting for a vigorous and beautiful painting. The artist is Lilias Torrance Newton, A.R.C.A., who has displayed remarkable in-



MABEL F. HERSEY, O.B.E.

sight in interpreting the dignity and charm of the woman who is the subject of her work. The massed white of the uniform has been most skilfully treated, the background is a soft yet rich grayish blue, and the scarlet lining of the blue cape gives a vivid touch of colour. The decoration worn by Miss Hersey is the insignia of an Officer of the civil division of the Order of the British Empire.

It was not easy to persuade Miss Hersey to allow the reproduction of her portrait in the *Journal*: a reluctant consent was granted only when a solemn promise was made that nothing would be said in praise of her. But we should be ungrateful indeed if we did not acknowledge our debt to the artist who has painted for us a vivid likeness of a gentlewoman who is also a great nurse.

GOLDEN JUBILEE

The "golden jubilee" of Miss Georgina Fane Pope, R.R.C., was recently made the occasion of a pleasing ceremony and presentation conducted under the auspices of the Alumnae Association of the Charlottetown Hospital, Charlottetown, P.E.I. Miss Pope's room was transformed into a bower of beautiful flowers and she was the recipient of many messages and gifts from her many friends and former colleagues. Fifty years ago Miss Pope graduated from the School of Nursing of Bellevue Hospital, New York, and afterwards held various administrative positions in the United States. At the outbreak of the Boer War, Miss Pope immediately volunteered for nursing service with the British forces in South Africa and, after her demobilization in 1902, was attached to the permanent forces and stationed at military headquarters in Halifax. During the Great War she served as Matron at Orpington and Taplow and later in France as Matron of No. 2 Canadian Stationary Hospital. In 1919 she was invalided home and since that time has lived in retirement.

GEORGINA FANE POPE, R.R.C.

Miss Pope is a daughter of the late Justice W. H. Pope (one of the Fathers of Confederation) and therefore belongs to an old and distinguished Canadian family.

THE EDITOR'S DESK

An Explanation

This issue of the *Journal* was already in the press when the death of our beloved Sovereign took place. Thanks, however, to the courtesy and co-operation of our printers, Messrs. Barwick, and of the typesetters, Typographic Craftsmen Ltd., we were able at the last moment to prepare and to publish the brief and inadequate tribute which appears on the first page. The editor deeply regrets that time and distance did not permit of having this announcement made personally by the President of the Canadian Nurses Association.

The Biennial

The keynote of this issue of the *Journal* is the open letter from Miss Ruby M. Simpson, president of the Canadian Nurses Association, in which she vigorously sets forth the reasons why you are expected to visit Vancouver next summer. In "Notes from the National Office," Miss Jean S. Wilson, executive secretary of the Association, gives an interesting account of the proposed programme and adds some practical details concerning railway fares and hotel rates. Keep this *Journal* for reference.

Readers' Guide

Emphasis this month is upon public health. In "Food and Nutrition," Dr. I. M. Rabinowitch, an international authority on the subject, gives a word of warning concerning some half-baked theories which are being spread abroad in the name of "health teaching." △ The chairman of the public health section of the Canadian Nurses Association, Miss Anna E. Wells, delivered a thoughtful address on health education before the Canadian Public Health Association at its annual meeting and we have the pleasure of publishing it. △ There are still some reverberations of "Why they stay away" and this little piece is still being read aloud at meetings — a response which fills us with sinful pride. Now comes a brief but thoughtful article entitled "Business, speech and refreshments" written by Miss Florence Greenaway of the Toronto Western Hospital which seems to us to go straight to the point. It suggests that the reason nurses stay away from meetings is because those meetings are sometimes dull. The business is dull, the speech, though informative, is occasionally dull and the refreshments are frequently the only bright feature of the proceedings. It is then that the members, previously silent and unresponsive to the appeal of the chair, break into animated discussion which should have taken place on the floor of the meeting. What do you think of "Business, speech and refreshments"? We think it makes sense. We do not think that either business or refreshments ought to be neglected, however. It is the "speech" that needs attention. Why not a debate occasionally or an amusing skit? These things are already being done by some associations we are quite sure. Who will be the first to reply to Miss Greenaway's challenge? The pages of the *Journal* are always open to new ideas. △ The mission field never loses its fascination for nurses and Miss Beulah Bourns tells us about better babies in Hoiryung. △ Miss Marion Nash contributes a thoughtful review of an excellent book, "Public health administration in the United States," by Dr. Wilson G. Smillie. △ Under the familiar caption of "What do you think about it?" we have published the most provocative letter we have received for some time and, in "The right to live," will be found the flame of a fire which has been smouldering in more hearts than one. On the same page, Miss Jessie Farquharson raises a question which deserves further analysis. Her impression is that instructors of nurses are not always close enough to nursing. △ There is a good deal of heat about registries these days but not much light so, by way of a measuring stick, we present a brief summary of the standards set by the American Nurses Association.

Correspondence

Travelling Scholars

The travelling scholarships awarded by the Rockefeller Foundation to European students have brought some charming people to Canada in the capacity of students of nursing. Among them are Miss Jarmila Rousarova and Miss Sindlerova of Prague, Czechoslovakia. Their letter shows that they cherish happy memories of their visit.—*Editor.*

Christmas is nearing and we are remembering all our dear, far-away friends and want to tell you our best wishes for a Happy New Year. We are sorry that we write to you so seldom, but you know how it goes in our work, and therefore we hope you will kindly accept this letter as the only way we can get in contact with all of you. The fact that we did not write does not mean that we have forgotten. Very frequently we are remembering you and talking of you with pleasure, gratitude and love for all your kindness, sympathy, help and friendship which you have given to us when we were abroad. You made us feel at home there, and we can never forget it.

Knowing that you are interested in our doings we should like to tell you a few words about our work. As you know, we both were trained abroad as future instructors in our new school for public health and social nurses. This was presently finished, that is, building and equipment, but the students are not yet in and we do not know when they will be. Due to the changes in our Ministries there are still some debates about the program and status of the school and until these are accepted by all Ministries the school cannot be started. Meanwhile, one of us (Miss Rousarova) has taken a position as a school nurse in the demonstration public health district where our future students will be trained. The other (Miss Sindlerova) is already working in the school, helping with the preparation for the school year. As far as our news goes, it will be started in January, 1936, but according to previous experience we do not believe it. But, sometime during the next year it must be, and we are looking forward with great enthusiasm. And so, when remembering us, you can picture both of us in the busy work, with nearly half a hundred young girls, trying to train them to be good public health and social nurses.

But now we should like to know something about you too. When you have a little leisure, do remember us and tell us of yourselves, your work and your plans.

JARMILA ROUSAROVA,
Praha XII, Ruska tr. 2331.
Czechoslovakia.

Live Wires

I am sending a list of thirteen subscriptions to *The Canadian Nurse* and would like to tell how we got them. I was so ashamed at the meeting of the R.N.A.O. in Hamilton to hear that Belleville only had three subscribers and as I am the correspondent to the *Journal* for our Alumnae Association I arranged to have interesting articles from the *Journal* read at our meetings. Then it was suggested that a prize be given for the nurse bringing in the most subscriptions. Three nurses were chosen to act on this campaign, and consequently we now have thirteen instead of three.

FLORENCE FITZGERALD,
Ontario School for the Deaf,
Belleville, Ont.

Department of Nursing Education

WHAT DO YOU THINK ABOUT IT?

We have weighed carefully the advisability of publishing the following letter and have first shown it in confidence to several nurses whose judgment we respect. In every case the advice given to us was: "Yes, publish it." So here it is. Now what do you think about it?

The Right to Live

You will note that I am no longer nursing, but am training as a student in another profession, the practice of which, unlike that of nursing, will I hope permit me that amount of leisure necessary to enjoy a small home and the companionship of friends, away from my work or an institution. After fourteen years of faithful and constant nursing I, along with many other women of equal experience and holding equally responsible positions, found that the nursing day still started at 7 a.m. and still ended at 7.30 p.m. and often later. My off-duty time during this period, unless spent in complete rest, meant that one was unfit to carry on efficiently after returning to duty; so broadly speaking (except for meal-times), one gave that whole eleven hours to duty daily. Such a working situation, carried on day after day and week after week, seems to me and to others whom I know, incompatible with the high standard of service which good nursing requires — and so having been fortunate enough to find a field which appealed to me almost as much, I withdrew.

I could, without the slightest hesitation, name over a hundred nurses of my acquaintance (over thirty years of age) who would most gladly withdraw were they sure of equal economic security. But why should nursing make such situations? Why should it permit worthwhile people to be justified in such an attitude, or perhaps you would say they are not? Personally I feel there is room for honesty in the facing of working situations as they now exist for nurses. We gloss things over—our so-called "loyalty" forbids us to admit that we teach health largely at the expense of our students—and certainly at the expense of our graduate staff by reason of the constant overload. Even machines are not run constantly in high gear, but show me the nurse who is allowed to go into second, let alone low.

Why is it that the only remuneration offered to experienced and proven nurses is that of increased salary? How long is it to be before we can make hospitals realize that a certain surplus of energy and leisure are everyone's right to use in the enjoyment of life "off-duty"? Why must satisfaction in nursing be bought at the price of our reserve of physical, mental and spiritual health? Why should not the institutional nurse lead a normal off-duty life, similar to that of other teachers or welfare workers? Is not the time at hand for the establishment of a Nurses' Charter (not like that of the English nurses, with their fifty-four-hour week) which would gain for her a reasonable working day and week with opportunities for normal social life? One is told that a woman who craves a home is somewhat abnormal; is not the woman over thirty (she rarely seems to take time to think about it before then because she is too busy establishing herself in her profession or in marriage) who can live happily in an institution under such a situation the unusual person? Nurses are not really made of different clay to other women after all!

It seems to me that provincial and national associations of nurses might well approach the provincial and national hospital associations urging that better working conditions be established. I know there are many other broader and perhaps more urgent problems than this, but as one who is deeply interested in the problems of living a normal, cultural life *while still working in an institution*, I hope that this letter may be the means of arousing some interest. It seems that administrators of nursing services have a feeling of guilt when they admit that they have not enough nurses to do the work. Why should they feel responsible for a situation they have not created and why are so few of them as willing to ask for increased staff as they are for other equipment?

This letter must come to an end, but one last word: *even nurses should not be allowed to break the Fourth Commandment for more than fifty or sixty years!*

Precept and Practice

Before very long the committee on instruction of the nursing education section of the Canadian Nurses Association will have completed its organization and will be ready to tackle problems of special importance to teachers of nursing. In the

following letter Miss Jessie Farquharson raises some questions which are worthy of careful scrutiny and frank discussion in just such a group.

I know some bright women who did not remain instructors because they could not both teach nursing and nurse patients. Having been an instructor myself, I feel that it is a great drawback in teaching nursing if you have no responsibility for patients. If our nursing instructors were chosen in the same way as are the professors in medical schools, we should then have teachers actively engaged in their profession. As things are now, instructors, even those who hold college degrees, may have done no real nursing for years.

In some hospitals the position of supervisor does not seem to be established on any better basis than that of the instructor. Responsible to the training school office, she goes to a ward which is completely in charge of the head nurse and oversees some of the nursing for a short time. Yet she is responsible to no one on the ward, and no one is responsible to her. People outside the nursing profession have criticized this arrangement as unsound. Had she the full responsibility of supervision entrusted to her and deputed by her to an assistant it would seem that excellent teaching should result, particularly if the supervisor conducted the classes in her clinic specialty. She would then hold a similar position in the nursing school to that which the professors of various subjects such as medicine and surgery hold in the medical college. Like them, the supervisor, functioning as an instructor, would be in a position to increase her knowledge and develop her skill continually. Her responsibility for both teaching and supervision would improve her own methods and keep her alert.

Furthermore, nurses would be much more interested in their patients if they had full charge of them and did everything for them. This is opposed to the so-called efficiency method whereby one nurse gives all the medicines for the ward and so on. The point is well brought out in *The Survey*, where Dr. Weir quotes a physician who compares the two systems:

"In one local hospital, there is no bedside practice that I can see. A nurse does the same thing for several patients each day—then she changes and does something else for several patients. She never looks after a whole patient at any time. As senior nurses, they know more perhaps about each patient, but do not nurse him. It seems to me that every patient, public or private, has a right to feel that there is one nurse who is *his* nurse, even if she is nursing other patients as well. The feeling of having some person, who is interested in him, who knows his troubles, and will hear about them, and who is *nursing* him, is very important to a sick person. At the other big hospital here, things are much better in this respect, and from a doctor's point of view, it is an immense improvement. One can find out everything about a given patient from a certain nurse, and one sees that the nurse learns to take a keen interest in her cases, which is not so at the other hospital."

Share Your Ideas

To finish a thoroughly provocative page, we ask those readers who have found a way out of the difficulty described by Miss Jamieson to share their bright ideas with her and with the *Journal*.

I find myself hampered in teaching anatomy with respect to laboratory work by my own lack of experience and instruction. So far I have tried only lungs, heart, and eyes. We also have a human brain which is partly dissected and I find that exceedingly useful. I wonder if it would be possible to have an article on the laboratory work in anatomy, or whether you know of some book that would be useful? We do microscopic examinations of blood and of tissue cells which the students seem to find very helpful.

I enjoy *The Canadian Nurse* very much, and was pleased with the index in the December issue. I am looking forward to the issues of 1936 and expect I shall find many articles useful to me in teaching.

NORMA M. JAMIESON,
Instructor, School of Nursing, Sherbrooke General Hospital, Sherbrooke, Que.

For further particulars concerning the Biennial Meeting see "Notes from the National Office", p. 77 in this issue.

Department of Private Duty Nursing

THE ORGANIZATION OF REGISTRIES

In many parts of Canada the organization of registries is undergoing scrutiny with a view to possible modification and change. In the United States this process began much earlier than in this country and was guided by a committee on registries sponsored by the American Nurses Association. This committee laid down some general principles along the lines quoted in the following summary and, while all of these are not applicable in Canada, they merit careful examination by any nursing group which either controls or is served by registries. The committee of American Nurses Association based their findings on six fundamental requisites which are here indicated by captions:

Physical Plant

An office for the conduct of the official registry should be maintained in a business location where twenty-four-hour service for light, heat, elevators and telephones is available. The site should take into consideration accessibility for registrants, as personal interviews between registrar and registrants are desirable and to be encouraged. In the best interests of all concerned, it is particularly urged that the registry shall not be conducted in a private home, although limitations in funds and personnel often make it necessary to establish a registry in a home during the early period of its development.

Organization

The official registry shall be conducted under the auspices of an association or associations which are component parts of the American Nurses Association. The composition of the board of directors of the official registry may be as follows:

(1) A board of directors composed of nurses, in good standing in the American Nurses Association, plus representatives of other constructive community interests, these to be appointed as feasible by the nurse members of the board; *or*

(2) A board of directors composed of nurses, all of whom shall be members in good standing in the American Nurses Association. If sponsored by a district association, all nursing interests in that community shall be represented on this board; *or*

(3) A board of directors composed of nurses in good standing in the American Nurses Association, with an advisory committee composed of representatives from medical, hospital and lay groups concerned in community health.

Meetings of the board of directors of the official registry shall be held at least once a month as provided in the rules and regulations.

Administration

Minimum rules and regulations for the official registry shall be those recommended by the national committee on registries and approved by the board of directors of the American Nurses Association and the programme of the official registry shall be planned to meet those community nursing needs which legitimately fall within the province of the official registry in that community.

The policies of the official registry shall take into consideration the ethical and working relationships of the registry in relation to: (a) the obligations of the registry and its possible function in a unified community health programme; (b) its registrants, by maintaining, safeguarding and furthering their best interests; (c) the medical profession; (d) other health and social agencies.

Personnel

The personnel of the official registry should include a registrar (sometimes called director), to be appointed by the board of directors of the registry for such a period as is designated in the rules and regulations; she shall be a member in good standing of the American Nurses

Association and qualified to perform the duties incumbent upon her office. It is particularly necessary that she shall be employed on a salary basis. The office staff of the registry shall be adequate to conduct the business of the registry in an efficient manner, twenty-four hours a day, seven days a week. Twenty-four-hour duty on the part of the registrar, or of any member of the registry staff is to be avoided, and countenanced only as an emergency measure.

Registrants

Registrants in the official registry shall include those persons qualified to give the kinds and amount of nursing care needed to fulfil the functions of the registry in the community. Registrants may be:

(1) Registered nurses, to give nursing service either on a case or on an hourly basis. It is recommended that all registered nurses carried by the official registry shall be members of the American Nurses Association.

(2) Undergraduate nurses and practical attendants, both of which groups are to give bedside care where skilled nursing service is not needed, and to assume necessary household obligations.

Responsibility of the registry for its registrants shall include the following: (a) the credentials of the registrant shall be considered and approved by the board of directors of the registry; (b) essential information regarding the qualifications of the registrant shall be available for presentation to the patient or his family when the nurse reports for duty.

General supervision of the registrant by the registrar shall be provided as deemed necessary or desirable by the board of directors of the registry. Closer supervision is necessary in an hourly service and is required also wherever undergraduate nurses and practical attendants are carried by the registry. Supervision, in the latter case, should be not only in the registry but also in the field.

Records

Personal records shall be kept for all registrants, the information being given by the registrant in person at the registry. Where personal registration is impossible, the registrant shall appear at the registry before entering upon her duties.

Personal records should include the following information concerning registrants who are registered nurses: (a) name, address, telephone, age, weight, height, religious affiliations, passport picture; (b) credentials as related to: school of nursing; postgraduate work; registration; history of experience, to include registries of which registrant has been a member and positions held previously; professional organizations of which registrant is a member.

When undergraduate nurses and practical attendants are registered the following information should be available: (a) name, address, telephone, age, weight, height, religious affiliation, passport picture; (b) credentials as related to: preparation and training; history of experience to include registries of which registrant has been a member and positions held previously. At least two references should be required as to character and ability; (c) signature to a statement appended to the application blank, promising to abide by the regulations of the registry.

Records necessary in the administration of the official registry shall be such as to: (a) make it possible for the registry to carry on adequately and effectively its daily work; (b) give information of statistical value in computing costs, and measuring work and accomplishments of the registry over a given period of time

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For further particulars concerning the Biennial Meeting see "Notes from the National Office", p. 77 in this issue.

Department of Public Health Nursing

SOME ASPECTS OF HEALTH EDUCATION

ANNA E. WELLS, Health Education Service, Department of Health and Public Welfare, Province of Manitoba.

In considering the point of view and the place of the educationist in a provincial health programme, you will probably ask: Who are these persons who call themselves educationists? As health workers, are we not all educationists? At the outset then, it may be as well to make clear that we are agreed that all health workers are, or should be, educationists. Perhaps social workers should also be placed under this category; at least I may assert that they are potential health educationists. There are, however, a few workers in each province in charge of health educational programmes who are specially engaged in:

Exploring and developing all suitable avenues for health publicity and education.

Providing health teaching materials.

Spreading health information where field health workers are not available.

It is from the standpoint of this type of educationist that I propose to deal with the subject. We are generally agreed that health education is essential in any public health or social work, and is in fact the basis of such work. It is not surprising to find that all provincial health departments have undertaken the responsibility for promoting health education, either through a special departmental division or branch of service or as a part of administrative duties. Ontario was the first province to organize, in 1920, a division of public health education in the Provincial Board of Health, although we find that as early as 1883 this department carried on special efforts in this field. In Quebec, a librarian and publicist was appointed in 1922. In Saskatchewan, a division of public health exhibits operated from 1920 to 1931 but the divisions of sanitation, communicable disease, maternal and child welfare and vital statistics have each been responsible for their respective educational activities. In Alberta, a division of health education was organized in 1928. In 1929, a health education service was organized in Manitoba as a separate unit of work; thus far it has been under the financial wing of the public health nursing service, but is administered under the director of the division of disease prevention. In Prince Edward Island, Nova Scotia, New Brunswick and British Columbia, the work of a division of public health education is combined with that of the medical, nursing, dental, sanitation and recording services.

How It Began

Organized health education, the youngest child of public health, has been mothered by public health nurses everywhere. The development of public health nursing involved the use of publicity measures and also required the use of teaching aids in giving individual and class instruction, especially in rural districts. Thus the organizer of public health nursing had to fashion and foster this branch of work simply because there was no one else to do it. From such a humble beginning, let us consider for a moment to what enterprises this has led. In the annual reports of provincial health departments we find the following educational activities in addition to the instruction given by field health workers to individuals and groups:

Health publications are prepared and distributed.

Public addresses, illustrated lectures and exhibits are given.

(A contribution to a symposium on the Essential Features of a Provincial Health Programme conducted by the public health nursing section of the Canadian Public Health Association at the annual meeting, June 4, 1935.)

A programme of radio talks is available.

Copy is prepared for newspapers and journals.

Bulletins are prepared and sent to local boards of health.

Correspondence bureaux have been established.

Programme and reference materials are provided to study clubs.

A loan poster and slide service has been prepared.

A loan film service is offered.

A lending library service is available.

From this bird's-eye view, incomplete as is undoubtedly is, we can see quite clearly the avenues which have been tried and found useful for advancing health education.

I do not imply that the public health nurse has become an unimportant factor in promoting a health education programme. On the contrary, I would like to emphasize that the constant personal contact of the public health nurse with all age groups and agencies in a community gives her an approach that no other community worker can possibly have. Furthermore, we have reason to believe that she is the most effective agent because, unlike other professional workers, she has been trained to serve loyaly under medical direction and to adapt health information to particular needs. Indeed I am tempted to say that she has the greatest appeal to the public by reason of her profession, and because she gives the most service for the least outlay.

It is true that the public health nurse has been criticized for inefficiency in health teaching but we can hardly lay the blame at her door. Lacking sufficient preparation, leadership and assistance, it is likely that she has been too engrossed with the problems of sanitation, nursing and social service, to give it sufficient thought and time in her daily routine. Then again, even the best plan for public health nursing is limited in relation to health education by factors over which public health nurses have little or no control—perhaps one reason why health education can no longer be left entirely to the administration of a public health nursing service.

Strangely enough, the public health nurse faces criticism for not measuring up in educational work and also has to meet the criticism of those who question her right to act as a health teacher at all. There is even a difference of opinion as to her ability to give adequate class instruction in home nursing and first aid, which is but one part of health education. Nevertheless, in the field of health education she has a great opportunity, but to function successfully she must have leadership, professional support and goodwill, and the means for continuous professional education. Staff education, by means of library facilities, conferences, refresher courses and institutes provides a constant source of inspiration and help and, in this connection, the educationist can do much by encouragement and active assistance.

The Nurse as Educationist

I need not touch upon the particular duties of the public health nurse as a teacher for you are all familiar with them. In discussing the work of the educationist, while the public health nurse is primarily interested in the teaching of the individual, and the educationist in the task of mass education, what is said of one may nevertheless be applied to the other.

In planning a programme, the educationist must have a clear picture in mind as to the purpose of his work and the steps that may be taken to do it effectively. If health education is to educate, it requires a definite and systematic plan for continuous action, based on the interest and assistance of all official and voluntary agencies; in short, it should be a co-operative enterprise and to promote this activity is the chief objective of the educationist who is engaged in developing a provincial health programme. Viewed thus, there is a wide outlook in making plans and in forming relationships and a

recognition that success depends upon ability to inspire and help others. The duties of the educationist may be further considered under three headings: giving information; preparing publicity; organizing educational projects. May I mention briefly some of the various requests that come in day by day, and describe the planned effort made to guide health education in the desired direction.

Health Information

First there are inquiries by mail, by telephone, and from those who call in person. This information bureau is carried on chiefly to advise those not reached by health workers and naturally, the fewer workers in the field, the more inquiries are received. It also serves the need of health workers themselves for guidance and assistance. Requests come from parents for certain health pamphlets or for help with some particular problem, from teachers for advice and teaching aids, or from the pupils themselves. For instance, a recent series of talks in our radio programme suggested to a junior high school teacher the idea for a class study of public health work in the province and before long we had a deputation of pupils demanding the whys and wherefores of public health departments. Enquiries also come from graduate and undergraduate students, from leaders of community organizations and study groups and professional workers of all kinds. There may be a request to suggest or to arrange for a speaker or to provide information for a debate, or to prepare a talk for a busy public health nurse who has no references at hand on the theme desired. Then, again, a health officer may ask for a set of posters to be prepared for some special purpose.

Next, there is the matter of securing publications for distribution and preparing those required for a particular use. It is in this activity that the individuality of the work in each province is most noticeable. For instance, in Ontario there is the "Health Almanac," and in British Columbia there is a "Public Health Nurses' Bulletin"—both publications of special interest. While it may appear that the task of conducting an information bureau is a difficult one it can be built up easily by the simple idea of "If we haven't what you need, we shall try to get it for you."

Health Publicity

At certain times of the year, health publicity requires the attention of the educationist. The various projects include:

1. An annual activity, such as the preparation for a programme of radio talks, or for exhibits for annual conventions and fairs. Every year these must present something fresh and timely for the particular group for whom it is planned.
2. A periodic feature, such as the giving of public addresses or the preparation of copy for the press. News items for the daily papers, or articles on current topics to journals reaching various age and occupational groups, are a valuable means to secure interest as well as to spread information in health matters.
3. An occasional project, such as a special campaign or drive, when every medium is utilized for advertising and spreading information, as for example about toxoid, or a "Safety Week Campaign."

Educational Projects

In the field of child health education, health workers and teachers are assisted by providing them with lesson aids and classroom material emphasizing those phases of health training and instruction which still require more attention in school health programmes. In adult health education, courses of instruction are arranged and teaching aids provided in normal schools. In schools of nursing, assistance in public health instruction is given by supplying outlines and references for instructors and students and by arranging for special speakers. Community groups, such as the Women's Institutes, United Farm Women, and various clubs, are also provided with outlines and reference material for study in health matters. Speakers are arranged for when it is possible to do so and 'teen-age groups

are also helped by advising their leaders regarding health problems and supplying them with teaching aids. In all of these activities the educationist may draw upon the resources of other departmental services and may make his own branch of service a means for co-ordinating all publicity and educational measures of the department.

Problems and Possibilities

Difficulty in arranging for speakers to address meetings and study groups has been partly overcome by encouraging self-study on the part of the members. This has meant an increased demand for study aids; nevertheless, the outcome has indicated the value of promoting methods which encourage self-activity. For instance, there is the leader group method, used by demonstrators in home economics; if it is successful in this branch of knowledge, why not in health? Think of the number of women who might be reached with practical instruction in this way. Then, as to the radio method, is it not feasible to make greater use of the radio to supplement courses of instruction? And what of the men? We must confess that thus far our efforts have been directed chiefly to the needs of women; perhaps we might be able to reach the men through programmes for general adult education.

One way in which an educationist can guide educational plans is through membership in welfare organizations and councils of social agencies. There may be workers connected with institutions for child care who can be assisted in forming a study club, or there may be educational problems which apparently can only be solved by encouraging frank discussion as, for instance, in maternal welfare services in which the physician, nurse, board member and layman are all interested. This leads me to mention what I believe is the most important development in health education today, namely a community council on health education under the auspices of either a community health association or a council of social agencies. A fine example is that of the health educational section of the Central Council of Social Agencies in Chicago, where the members asked themselves: "Are we doing the best job we can in health education in Chicago?" In order to find out, they decided to turn their attention upon a given part of the city and the Community Fund supplied funds to finance the project whose aims are:

To bring about a better understanding of the work now being done by health agencies.

To stimulate the best use of health agency facilities.

To discover any gaps in the health educational programme, and to find ways of filling them.

To bring about a better working relationship between all agencies carrying on work in the area being served.

This enterprise could be adapted to any area urban or rural. Do you not think it is an idea worth considering? The recent national campaign for the King George Jubilee Cancer Fund has shown unmistakably what collective thinking and planning can accomplish.

With regard to school health education, the slow process of revising curricula and providing facilities to allow for adequate instruction, seem to be real obstacles in the way of progress, in spite of all our efforts. Here again is where a council on health education might be of great assistance in promoting an understanding of such difficulties and perhaps aid in removing them. At present, the inadequate health programme in all schools for professional workers who deal with children and families is a serious handicap. Not until health education is carried on with due emphasis upon instruction, study and application throughout the whole period of training can community health education be developed to its fullest possibilities.

From this brief outline—far from complete, since no mention has been made at all of the importance of the educational

efforts of agencies other than the provincial health department — you may have gathered that the educationist must constantly test his or her work and be ever watchful for new developments. In health education, our ideas, methods and techniques are constantly changing; what the future type of health teaching will be is difficult to foretell. Health educationists must keep in touch with new methods, techniques and materials and, as sources of information, they must keep themselves informed. On whom can they depend to pass authoritative judgment on new ideas and ventures? How can they secure an exchange of ideas? It would be helpful to have even an automatic exchange between provinces of all new publications and reports as they are issued. Health education has become an activity requiring special study, yet literature on the subject is limited and the health education institutes of our neighboring country are usually beyond reach. We hope that the formation of a health education section in the Canadian Public Health Association may be instrumental in dealing with these questions, and yet, as this newly formed section grows, we should not forget that we owe much to the officers of the Public Health Nursing Section of that Association for stressing the problems of health education at their sessions each year.

In summing up, may I remind you that if we believe that health education is essential in a health programme, it would appear that:

Health workers, particularly public health nurses, need more encouragement and assistance in the study and development of health educational programmes.

More attention to health education is necessary in schools for professional workers of all kinds.

More rapid progress can be made in promoting health educational projects by utilizing the present trend towards co-operative activity and citizen participation, and by basing plans on community needs.

APPOINTMENTS

Miss Fyvie Young

The Board of Governors of the Canadian Welfare Council has appointed Miss Margaret Fyvie Helen Young, Reg. N., B.A.Sc., M.A., as secretary of the division on maternal and child hygiene. Miss Young was educated in the elementary and secondary schools of Victoria, B.C., taking honour standing throughout and entering the University of British Columbia in 1926. She graduated in 1931, with the degree of Bachelor of Applied Science in Nursing from the University of British Columbia and the diploma in nursing of the School of Nursing of the Vancouver General Hospital. She won the University scholarship at the end of her second year, the Vancouver Women's Canadian Club scholarship in nursing and health at the end of her fourth year, and the Provincial Board of Health prize in public health nursing upon graduation. In May, 1931, she was appointed to the staff of the Cowichan Health Centre at Duncan, B.C., and was promoted to the position of supervisor in 1934. In the same year she was awarded a fellowship by the Rockefeller Foundation and from September, 1934, to June, 1935, she attended Teachers' College, Columbia University, receiving her M.A. degree in the field of supervision in public health nursing. Three months were then spent in field observation work including the East Harlem nursing and health service, and community health and nursing education services in Boston, New York, Baltimore, Washington, Minnesota and Seattle. Recently, Miss Young has been making a special study of the North Vancouver Health Unit, directed by Dr. Greg. Amyot, from which piece of work she comes directly to the Canadian Welfare Council.

Miss Helen G. Schwarz

Miss Helen G. Schwarz has been appointed Associate Professor in the department of Nursing Education at the College of Saint Teresa, Winona, Minnesota. Miss Schwarz completed her training at the Washington Boulevard Hospital in Chicago in 1920 and since that time has had a notable record of successful experience in various hospitals. Miss Schwarz obtained her B.S. and M.A. degrees from Teachers College, Columbia University.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

BETTER BABIES IN HOIRYUNG

BEULAH BOURNS, Korea Mission of the United Church of Canada, Hoiryung, Korea.

I do look forward to the arrival of *The Canadian Nurse*, and first and foremost search diligently for any news notes from the Winnipeg General Hospital. Articles on nursing procedures are greatly appreciated in a place like this where one has very few books, no reference library and nobody, nurse or doctor, with whom to discuss one's medical problems. I am on a very small station in Korea with only two foreign residences and one housemate. Even at that, we see very little of each other, as our work calls us to the surrounding country and even when we are at home, it is usually alone.

THE PRIZE BABY

I am trying to do public health work and find it interesting though progress is slow. Just last night I got back from one country place (Chung Chin) where, out of the seventy babies examined, only three were not sick. I never saw such a dirty lot of babies, yet it is gratifying to see that here in Hoiryung, where the clinic has been held regularly every month for some years, the babies are clean and well cared for and it is a rare thing to have to treat sickness.

Nursing is progressing in Korea. We have our Association where foreigners and Koreans meet to try to work out their problems and thus raise the standards of nursing.

Perhaps the readers of the *Journal* would be interested in hearing about our "Better Baby Day", which took the form of an exhibition on a small scale and evidently pleased everybody for it was the first of its kind to be held here.

Our monthly clinic (which is the cradle roll of the church) has been well attended and was a real success throughout the year, but we seemed to be failing in new membership especially among the non-Christians. If we are to reduce the infant deathrate to any noticeable degree we must reach every mother in the district, and with this thought in mind we started to plan our Better Baby Day. Police permit was granted and in fact was gladly given, because last year I had the opportunity to help in a public vaccination day and the police authorities appreciated it very much and now sponsor any public health work we undertake.

The morning dawned, a bright sunshiny day and the last minute touches were added. The workers, all dressed in white with red badges, gave a dignified appearance and, the minute the doors were opened, the mothers and babies crowded in. Let us accompany one of the Korean mothers and see the clinic through her eyes:

At the door was the shoe man with slippers and paper to wrap up the removed rubber shoes and as this was done, the smiling face of the Biblewoman greeted us and showed us the way. There were many tables, all brightly arrayed, and interesting pictures hung all round the wall. We didn't know where to look first but we were soon shown. As we gathered round the first table, a nurse removed a large doll from a basket bed and undressed and bathed it, teaching us as she worked. By

means of the pictures on the wall she told us about an ideal daily routine for babies and then gave us each a slip of paper with instructions to be read when we got home. On the next table was a baby's outfit, spread out for us to see and handle, and here again the kindly lady told us all about it and gave us free patterns and literature. Next we were given a babies' diet list and, as we looked it over, we saw all the foods displayed temptingly on the table. We could easily prepare all these ourselves now that we have been shown how. We listened to the story of soy beans and how they make a milk which is nourishing for babies and children. We can easily make soups and other dishes from this milk and, when we tasted and found out how good it was, we gladly took the recipes. Koreans know nothing about the use of milk, and children are nursed up to four and five years of age. Cows are used as beasts of burden and we smiled when, only yesterday, Koreans came to see how the foreigner milked his cow. As we stopped at the last table, we saw, on display, pails and soap, wash-tubs and fly-swatters. Next we were told to go upstairs and have our baby examined, and then our hearts did beat for he may win the beautiful silver cup which has been donated and displayed in the window of a down-town store. First we gave our name, age and address to a girl sitting at a desk and then we were told to undress our baby, so we sat down on the carpet and laid him on the low white table and undressed him. We passed quickly into the nurses' room where baby is measured and weighed before going to the doctor who gives out medicine and teaches us as he examines. Two of our Christian doctors gave up their whole day to help us. When we had our baby all dressed again he got a nice green badge so that when he left everybody knew that he had been to the Better Baby Day. In the corridor we saw charts, telling us about what we must do if we want to attend the regular monthly clinic to have baby examined and receive teaching; one by one the names are added, and the small fee of five cents is taken. We heard that the lantern slides were just about to start, so we went into a dark room and saw and heard more about how to keep our baby healthy. A rest room is provided with toys and books and that we could, if we wished, look round again or go back and ask questions.

One hundred and fifty-seven babies were examined; some were turned down because their baby was more than four years old and others just came for a "sight see". The day was a great success and plans are being made for another to be held next year. A special service was held on the following Sunday for the awarding of the prizes to the eleven best babies and on Monday we had a party for the workers at our home. The prize baby, his mother and his grandmother all came and brought baskets of fruit to show their appreciation. The baby is a lovely, sturdy chap of eight months and every one agreed that he was a true prize baby. It was the first time this family had ever seen a foreign house as they were non-Christian so, after the other guests had gone, we showed them around and the old grandmother "sampled" lying on a bed. It all seemed a regular palace to them and they have promised to come to church regularly.

COMING EVENTS

Refresher Course

The School of Nursing of the University of Toronto will offer a refresher course in Child Hygiene from May 13 to 16 inclusive. It will be open to all public health nurses and will endeavour to deal with changing practices in the many aspects of the subject. Lecture work will include the approach of the paediatrician, the psychologist, the nutritionist and the social worker, a goodly portion of the time being devoted to discussion periods. Special emphasis will be given the place of child training and parent education in this field. Further particulars will be available later, but this advance notice is being published because it is always necessary to plan some time ahead if a given period is to be kept free.

Ontario Annual Meeting

The annual meeting of the Registered Nurses Association of Ontario will take place in Peterborough, on April 15, 16 and 17, 1936. Miss Matilda Fitzgerald, secretary-treasurer of the Association, announces that a more detailed notice of this meeting will be available for publication in the March issue of the *Journal*. An interesting programme is being planned and important business will be presented for discussion.

Book Reviews

PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES, by Wilson G. Smillie, M.D., Dr.P.H.; 458 pages, 23 illustrations. The Macmillan Company of Canada, Toronto. Price $4.20.

This book is written in four parts. In the first section the author outlines the desirable minimum functions of a community health service, the present trends indicating the direction of future growth and the development of public health administration in the United States. The second part, consisting of fifteen chapters, deals with the administrative control of communicable diseases. General principles are formulated and each major communicable disease is authoritatively and specifically treated. A special feature is a short article on education at the close of each chapter. This section alone is an excellent text. In part three, "Basis Activities of a health organization" vital statistics, the public health laboratory epidemiology, sanitation and sanitary science, public health nursing and education all receive serious consideration. Child, maternity, school, industrial and mental hygiene are treated as community responsibilities and as being major functions of the health organization. Nutrition, not so commonly recognized as an activity of the official health department, is reckoned a basic service:

> The health officer must attempt to maintain the general level of health of the mass of people entrusted to his care at an optimum point. We now recognize that suitable nutritional standards play a very important part in the growth and development of the child, in prevention of disease in the individual, and in the building and maintenance of adequate community health standards. Thus every public health administration must be familiar with the general principles of the whole field of nutrition.

In part four, "Organization of public health programmes," the major functions of municipal, rural, state and federal health administrations are studied and suggested plans of organization presented. The place of the public health organization in community life, the inter-relationship between civic, state and federal departments, between public and private agencies, between health officers and practicing physicians are discussed objectively and constructively. Stress is laid upon the need for special preparation for all persons in public health organizations and especially for the important office occupied by the chief executive officer. A study of appraisal form, budgets and budget making and a very brief and conservative attempt at forecasting the future concludes this interesting book. In a clear, forcible and readable style, public health service is presented as a challenging and worthwhile career for the qualified and scientifically minded individual. Each chapter is followed by a comprehensive bibliography of recent publications. This book should prove a valuable addition to the library shelves of medical and nursing schools, public health organizations or of any student interested in the health and welfare of his community.

—MARION NASH, Educational Director, Montreal Branch, Victorian Order of Nurses.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

General Meeting

The eighteenth general meeting of the Canadian Nurses Association will be held in Vancouver from June 29 to July 4, 1936. The Hotel Vancouver, chosen for convention headquarters by the hostess organization, the Registered Nurses Association of British Columbia, will provide ample space for the requirements of the national organization during the week.

The city of Vancouver, in observing its semi-centennial anniversary of incorporation this summer, will be in special gala state on July 1, therefore, upon the recommendation of the committee on arrangements, the executive committee of the Canadian Nurses Association has decided to suspend sessions for Dominion Day.

The memory of the Founder of the Canadian Nurses Association, Mary Agnes Snively, will be honoured when the President, Miss Ruby M. Simpson, delivers an oration eulogizing Miss Snively's life and work; for the first time, the Mary Agnes Snively Memorial medals will then be presented to three nurses, each of whom has been recommended for this recognition by the Provincial Associations. Miss Snively's memory is to be thus perpetuated by a similar ceremony at each biennial meeting. It is gratifying to be able to announce that, prior to this ceremony of presentation, Dr. G. M. Weir, Minister of Education, Province of British Columbia, will give an address. Dr. Weir is best known to the nursing profession as director of the Survey of Nursing Education in Canada.

Draft of Programme

The initial draft of the proposed programme shows that the programme committee has under preparation, plans for an exceptionally interesting week. During this two-year period between biennial meetings, the Provincial Registered Nurses Associations have been requested to study intensively the re-organization of registries, the development of community nursing bureaux and the licensing of all those who nurse the sick for hire. The national organization, recognizing "the economic and social aspects of the nursing problem as viewed from the angle of the needs of the community and of those of the profession," has attempted to point the way by which provincially controlled or legislated health interests in relation to community and professional problems shall be improved. An entire session during the general meeting is to be devoted to receiving the progress reports of these provincial activities following which an address will be delivered on "Nursing service in a health insurance plan." The resolutions arising from this session should define the course for definite action by the Provincial Associations, each of which must be guided to some extent by the various requirements and conditions peculiar to individual provinces.

Health Insurance

It is recalled that last April, when the Provincial Legislatures were invited by the Federal Minister of Health to send representatives to a national health conference, the Canadian Nurses Association was permitted to have several representatives attend that conference as observers. Prior to the opening of the conference, a memorandum on health insurance and nursing services, from the Association, was presented to the acting Prime Minister and to the Federal Minister of Health.

Dominion Registration

A subject of national interest, discussed at the earliest general meetings of the Association, was Dominion registration

for nurses. Enquiry revealed that such a legislative measure could be enacted only by provincial authority. It is now over ten years since legislation was finally obtained in all provinces. Recently, the Association, through a special committee appointed in 1934 to study Dominion registration, submitted to the provincial associations a plan whereby Dominion registration, through the establishment of a Dominion Council of Nursing can be achieved. This plan should receive careful study and the official delegates should be acquainted with the opinion of their respective Associations before the plan is presented for action at the general meeting.

Curriculum

The report of the Survey of Nursing Education emphasized the need of radical reorganization of nursing service in Canada. Various factors must influence such reorganization. A fundamental factor is uniformity in the basic education of the nurse in all schools of nursing throughout the Dominion. The Association is supporting the curriculum committee of the Nursing Education Section in its important work of preparing a curriculum which will serve as a guide in building an educational programme to prepare the nurse for the general practice of nursing. Ample time is allowed on the programme for the report of the curriculum committee, discussion thereto and action therefrom. As in 1934, one entire general session will be given to this exceedingly important activity in 1936.

Various Reports

From the reports of committees, sections and federated units, it will be possible for one to obtain a perspective of professional national organization activities throughout the Dominion. An added interest to the report of the editor and business manager of *The Canadian Nurse* will be the announcement of the results of the special circulation campaign. To culminate the programme, on Friday afternoon the general topic is to be "Of nurses and nursing" which will be discussed from the viewpoint of a hospital administrator, a physician, a public health nurse and an educationist. The closing day, Saturday, will be given over to the final business session.

At present, announcement in detail cannot be made of the plans of the subcommittee on entertainment of the committee on arrangements but it can be predicted that the chief difficulty of that group will be to refrain from making the entire week one of social enjoyment for their visiting colleagues. The majority of these nurses must travel long distances to reach the place of meeting in 1936, but the attractions of Vancouver, as well as those en route, are quite sufficient to persuade all who can to travel westward across the Rocky Mountains to Canada's metropolis on the Pacific coast.

Personnel of Committee

The members of the programme committee are: convener, Miss Ruby M. Simpson, president of the Canadian Nurses Association; Miss Elsie Wilson, honorary secretary Canadian Nurses Association; Miss Marion Lindeburgh, chairman, Nursing Education Section; Miss Anna E. Wells, chairman, Public Health Section; Miss Jean Church, acting chairman, Private Duty Section; Miss Kathleen Sanderson (who is also convener of the committee on arrangements), and Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association.

Transportation

The Canadian Nurses Association has been advised by the Canadian Passenger Association that the most advantageous excursion rates for those who will attend the general meeting in Vancouver, June 29 to July 4, 1936, will be the regular summer tourist rates. These rates are obtainable for (1) five months' duration, and (2) forty-five days' duration; both offer standard and tourist accommodation. These excursions include, if pre-

ferred, travel via the Great Lakes route. Detailed information can be obtained from all ticket offices of the Canadian National Railways and the Canadian Pacific Railways; the same offices should be able to supply information to those who wish to holiday on the Pacific coast previous to, or following the general meeting. There are various attractive steamship cruises among which may be mentioned those to Alaska through the famed "inside passage" where the steamers traverse a channel through the heart of the mountains.

Hotel Accommodation

The manager of the Hotel Vancouver, headquarters for the general meeting of the Canadian Nurses Association, has forwarded the following information concerning accommodation for guests attending the General Meeting:

Single room without bath: $2.50 a day.
Single room with bath: $3.50 a day.
Double room without bath: $4.00 a day.
Double room with bath: $5.00 a day.

By special arrangement, a limited number of rooms will be available for three or four guests. These rooms are large and airy and would be furnished with three or four single beds and, in some cases, equipped with two bathrooms. The daily rates for these rooms are:

Three persons to a room: $2.50 each.
Four persons to a room: $2.00 each.

It is recommended that early reservation for accommodation be made directly to the manager of the Hotel Vancouver.

Student Nurses

The committee on arrangements will endeavour to find accommodation for student nurses who may be sent to attend the general meeting. The convener, Miss Kathleen Sanderson, asks that superintendents of schools of nursing communicate with her as soon as possible, so that she may have an idea of how many students will require accommodation. Miss Sanderson's address is 1675 West Tenth Avenue, Vancouver.

Special Social Functions

The commitee on arrangements suggests that all groups wishing to arrange for special social gatherings as alumnae breakfasts and luncheons should plan to hold these affairs on Thursday, July 2; the committee is refraining from making plans for entertainment on that date. Mrs. Ernest Helliwell (Kathleen Perrin, W.G.H.), 5041 Marguerite Street, Vancouver, will be pleased to make reservations for those wishing to arrange for a special social affair.

Provincial Activities

At the final quarterly meeting in 1935 of the executive committee of the Canadian Nurses Association, the Provincial Associations reported study of community nursing bureaux and the reorganization of registries.

The New Brunswick Association of Registered Nurses and the Registered Nurses Association of Prince Edward Island have under consideration amendments to their Acts for the registration of nurses. The latter association, during 1935, held quarterly meetings with gratifying results.

The Manitoba Association of Registered Nurses has completed arrangements for reciprocal registration with the General Nursing Council for England and Wales, and the General Nursing Council for Scotland. Negotiations for similar arrangements have been commenced with the General Nursing Council of Ireland.

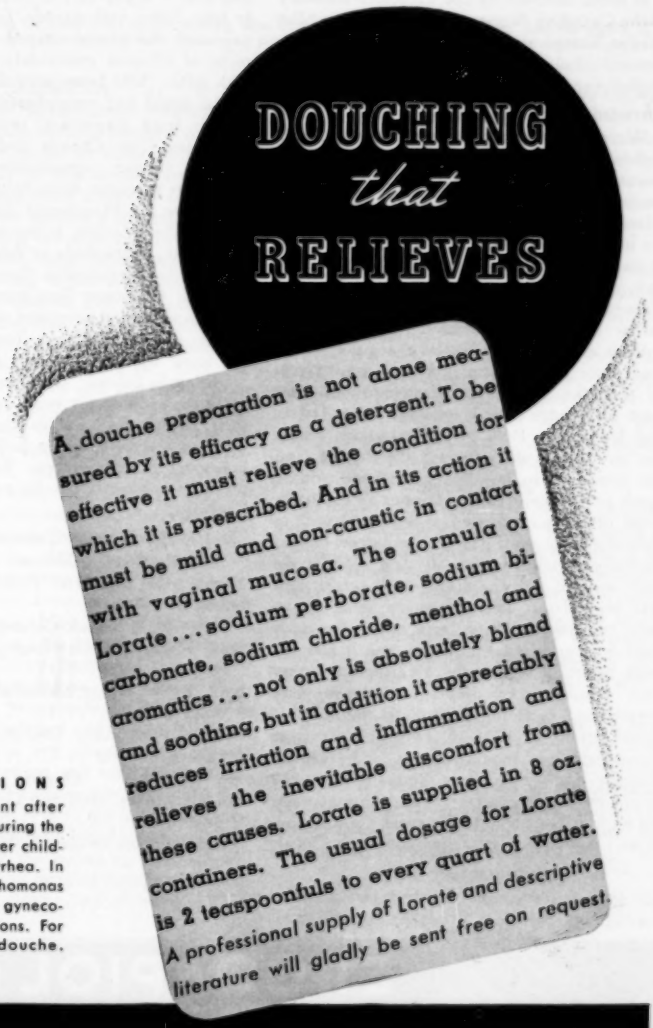
The Alberta Association of Registered Nurses has under consideration the establishment of reciprocal registration with the General Nursing Council of England and Wales.

It is recalled that the Registered Nurses Association of British Columbia has in operation a reciprocal agreement with the General Nursing Council for England and Wales.

. . . OFF . . . DUTY . . .

When entertainment was less sophisticated . . . than it is now . . . there were a few simple souls . . . who got quite a lot of pleasure . . . out of listening to "readings" . . . We can recall . . . being considerably stirred up . . . by listening to Harold Nelson . . . (Do you remember him?) . . . reading "The Bells" . . . He had a fine voice . . . and a respect for good poetry . . . so did not mouth it . . . nor pull faces . . . but gave each word its full value . . . It was from him . . . that we first learned . . . how beautiful onomatopoeic words may be . . . (No, we won't tell you what the word means . . . go and look it up . . . we had to) . . . The chime and clamour of the bells . . . all sorts of bells . . . rang in that drab schoolroom . . . and made us tingle . . . Even now we can hear . . . far echoes and reverberations . . . Church bells, in the peaceful English countryside . . . bells on the collars of husky sleigh dogs . . . cowbells coming homeward . . . in the long shadows . . . of a prairie sunset . . . The tinkle of a bell strung round the neck of the milkman's horse . . . (a good sound that, when the night has been long) . . . The six o'clock bell . . . sharp and disciplinary . . . because seven o'clock must see you on duty . . . in cap and uniform . . . and with very little breakfast . . . The horrible bell at five in the afternoon . . . which roughly shouts at tired night nurses . . . who have never really slept . . . the whole day through . . . Bells in the foyers of European theatres . . . warning you . . . that the curtain is going up in a minute . . . Bells on railway engines . . . timing the slow-turning wheels . . . of meeting and parting . . . Bells for fire drill . . . in a children's hospital . . . A hand-bell, rung by the girlish teacher . . . in the doorway of a little school-house . . . in the woods of New Ontario . . . An electric bell, sharp, insistent, terrifying . . . touched by the nurse in the separating room . . . where a patient lies alone . . . so that the others in the ward . . . will not be upset . . . by that which must happen presently . . . A bell, frivolous and a bit provoking . . . rung by the impertinent young man . . . in private ward twenty-one . . . who is really quite well enough now . . . to be restored to the bosom of his family . . . A desperate bell from the labour room . . . it will be a long time yet . . . poor woman . . . Convent bells at five o'clock on winter mornings . . . cold, remote, austere . . . The Angelus with its repetition of the symbolic three notes . . . The "bourdon" of the great bell of Nôtre Dame de Paris which makes the air quiver on Easter morning . . . The passing bell from a church on a Welsh hillside . . . a stroke for every year . . . seventy-two . . . seventy-three . . . seventy-four . . . was he really so old as that? . . . until lately he did not look it . . . but rode to hounds . . . with the best of them . . . Bells on a pack train . . . threading along a Rocky Mountain trail . . . Telephone bells . . . intrusive, exasperating, necessary . . . a telephone bell and a voice trembling over the wire . . . "Are you there?" . . . "Sorry, wrong number" . . . usually but not always . . . Bells at sea . . . striking the hours all wrong . . . or so it seems . . . . . . to those who do not know the way of a ship . . . A bell on a rocking buoy . . . off a dangerous coast . . . "shoal . . . beware shoal" . . . This is the bell for us . . . if there could be but one . . . this we would choose . . . lifting untiringly to every wave that batters it . . . solitary and defiant . . . "Would I change with my brother a mile inland? . . . not I" . . .

E. J.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A letter received by the executive secretary of the Canadian Nurses Association from Miss Gladys Sharpe shows that the holder of the national scholarship is thoroughly enjoying her English experience.

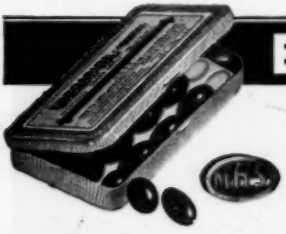
Christmas in England

We are having a glorious and (we think) well-earned holiday. It was not until college "went down" on December 19th that we dared become festive but now — essays done — no reference assignments to be read, we can do the hundred and one things which accumulate at such a time. Christmas has not been dull and our celebrations commenced officially when a party motored down to Radnage to gather holly for decorative purposes. Now holly is everywhere, even on the grille of the front door. On Christmas Eve we were warned that the library and drawing-room were "out of bounds" until evening. Mrs. Carter had flown from Paris by the last plane, before the service was discontinued due to fog, and she joined us in our buffet luncheon adding much to our enjoyment. Dinner at eight, instead of seven, increased appetites as well as curiosity—just what had been going on behind carefully guarded doors all day? When we were ushered into the dining-room our delight was boundless. The customary small tables were replaced by three large ones. The only light was provided by candles and it was the most beautiful setting for a Christmas dinner ever seen. Fifteen different countries were represented and, in addition to the international group of 1935-36, two students from Persia who are in training at St. Thomas's Hospital and a third from Germany made the group even more cosmopolitan. Dinner over, we were at last permitted to enter the drawing-room. Always an attractive room, on Christmas Eve it appeared even more lovely. A tall fir tree, laden with parcels, occupied one corner, and the piano, draped in an exquisite piece of Chinese embroidery, was piled high with gifts. "Old Internationals" from all parts of the world had remembered us, and we had flowers from Capetown, oranges from Java, chocolates from Canada and gifts from the various nursing organizations in England. Christmas messages from forty different countries came to Manchester Square, and Miss Dorsey, the Warden, is the most understanding person, particularly at this time. After the students had departed to their various destinations for Christmas Day those of us who remained were not permitted an idle minute to indulge in home-sickness. Yesterday afternoon we went to St. Thomas's as guests of the Nightingale School. Here we first attended a party in a children's ward and then followed the "singing ladies with their lamps" from ward to ward. It was a beautiful experience not soon to be forgotten. What a wonderful privilege it has been to be part of an English Christmas.

Additional Contributions

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia	
Staff, Matsqui-Sumas Hospital, Abbotsford	$ 4.00
Staff, R. W. Large Memorial Hospital, Bella Bella	6.00
Sisters of St. Ann, Lourdes Hospital, Campbell River	5.00
Ontario	
Student nurses, Hamilton General Hospital	25.00
Student nurses, Ottawa Civic Hospital	40.00



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News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: An organization meeting was held at the Calgary General Hospital on January 8, 1936, in order to form an alumnae association. Miss S. Macdonald, superintendent of nurses, suggested a slate of officers for the first year, after making a few introductory remarks concerning the aims and functions of such an association. Miss Macdonald referred briefly to the history of the school, its organization in 1896, and its first graduate, Miss Marion E. Moodie, now resident in Montreal. Mrs. Elizabeth Straker, the new president, took the chair and introduced the other officers, who were accepted and approved by the meeting: Vice-president, Miss A. Hebert; second vice-president, Mrs. Selby Walker; recording secretary, Miss Jean Phelan; corresponding secretary, Mrs. Bradley (nee Helen Lees); treasurer, Miss Mary Watt; press representative and archivist, Miss Margaret Moodie. Concluding an interesting and informative presidential address, Mrs. Straker spoke of the honour the members might feel in being able to place on the honorary membership roll two nurses, namely, Miss Marion Moodie, of Montreal, and Miss Julia Murphy, of Calgary. Miss S. Macdonald was welcomed as honorary president of the association, and Miss J. Connal as honorary vice-president. A copy of a provisional constitutional and by-laws was presented for approval and adoption at a following meeting. Meetings will take place on the second Monday of each month and, until further notice, will be held in the hospital lecture room. The numbers who were present testified to the interest of the nurses in their school, and their pleasure in meeting members of their own graduating classes and those of other years.

MEDICINE HAT: The last meeting of the Medicine Hat Graduate Nurses Association for 1935 was held recently. The main activity for the year was the relief of unemployment among its members to some extent, by supplying nursing service to seriously ill hospital cases when financial inability would not otherwise permit this extra care. Through a committee, and at the expense of the association, a nurse was placed on a case and permitted not more than two days' work at one time. As this work continued it was necessary to augment the funds of the association in different ways. A successful bridge tournament has just been held which, with two previous bridge parties, a spring tea, and a play, have made for the association a particularly busy but satisfactory year. We are pleased to learn that Miss M. Hagerman, of the child welfare clinic, is expected to resume her duties at the beginning of the year, after an absence of several months due to an injury sustained in an automobile accident.

BRITISH COLUMBIA

MARRIED: On November 23, 1935, Miss Beatrice Elizabeth Patricia Langley (Royal Inland Hospital, Kamloops), to Mr. Clement Fitzalan Cornwall.

MARRIED: On December 5, 1935, Miss Ethel Olive Mitchell (Vancouver General Hospital) to Mr. Harold Leonard Hopper.

MARRIED: On November 30, 1935, Miss Agnes Elizabeth Wallace (St. Paul's Hospital, Vancouver) to Mr. John S. Henrich.

MANITOBA

BRANDON: The Graduate Nurses Association met recently, the doctors' wives being in charge. Miss Birtles, the guest of honour on this occasion, was presented with a beautiful bouquet of red roses, the presentation being made by Mrs. S. Pierce. Mrs. Darrach appropriately voiced the sentiments of the association and their pleasure in the honour conferred on Miss Birtles in her recent award of the O.B.E.

WINNIPEG: Misericordia Hospital: A farewell party was recently tendered Miss Ann Swabada by members of the Alumnae Association and the student nurses at the Hospital. The guest of honour, who was the recipient of several lovely gifts, leaves shortly to join the staff of the Vancouver General Hospital.

NEW BRUNSWICK

MONCTON: At the annual meeting of the local Chapter of the R.N.A.N.B. the following officers were elected: President, Miss Florence Brean; secretary, Miss Nellie Good; treasurer, Miss Leonora Flemington; representative to *The Canadian Nurse*, Miss Cynthia DeBow. A successful dance was held recently and the proceeds were used for the work of our Chapter including the maintenance of our room in the Moncton Hospital, Christmas remembrance for sick nurses, gifts for ward patients, and as usual the Chapter sent *The Canadian Nurse* as a Christmas gift to the student nurses. Miss Margaret Pringle, a graduate of the Royal Victoria Hospital and of the McGill School for Graduate Nurses, has accepted the position of instructress of nurses at the Moncton Hospital School of Nursing held until recently by Miss D. R. Oliver. Our members were invited re-

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cently to showers given in honour of Miss D. R. Oliver, who was married to Mr. Manley Stillwell; Miss Marion Mercer, who was married to Mr. Joe Harris; Miss Dora Johnson, who was married to Mr. E. Moore Perry, and Miss Agnes McCabe to Mr. Jack Wonnacott.

NOVA SCOTIA

GLACE BAY: The election of officers, which took place at a recent meeting of the Cape Breton branch of the Registered Nurses Association of Nova Scotia, resulted as follows: President, Miss Clara McKinnon, Glace Bay; vice-president, Miss Mary McAskill, Glace Bay; treasurer, Miss Lettie Turner, Glace Bay; nominating committee, Miss E. B. Seaman, V.O.N., Glace Bay; *The Canadian Nurse* committee: convener, Miss Clara McKinnon, Glace Bay, assisted by Miss L. Dillan, Sydney; Miss Henderson, New Waterford General Hospital; Miss Sadie McKinnon, St. Joseph's Hospital, Glace Bay. We have appointed an active committee whose aim is to increase the number of subscriptions to *The Canadian Nurse* considerably during the coming year.

HALIFAX: The monthly meeting of the Halifax branch of the R.N.A.N.S. took place recently and at the close of an animated business session, presided over by the president, Miss Victoria Winslow, the members were addressed by Dr. Florence Murray, missionary on furlough from Korea, who gave an interesting talk on medical and nursing conditions in this part of the Orient, where she has spent fourteen years.

HALIFAX: St. Elizabeth's Guild recently held a meeting at the Halifax Infirmary. This study group, which was organized some months ago, has an average attendance of about fifty, and much interest is being shown in the subjects discussed. Its officers are as follows: President, Miss Agnes Egan; vice-president, Miss G. Crosby; secretary, Miss B. Foley. Miss C. Graham presented a valuable paper at the December meeting, her subject being "Your profession and mine." An excellent paper was also presented recently by Miss Whidden, who spoke of pioneer nursing in Brittany.

HALIFAX: The Alumnae Association of the Victoria General Hospital met recently with the president, Miss Gertrude Crosby, in the chair. Considerable important business was transacted. Miss G. E. Strumm, superintendent of nurses at the Victoria General Hospital, has recently returned after an absence of several weeks. A central registry for nurses has been established by Mrs. E. M. Haliburton, of Halifax. It is felt that this registry will fill a long felt need in our city.

HALIFAX: Results of the fall examinations for registration in Nova Scotia were recently published and out of a total of fifty-six, forty-seven were successful. First place was won by Mrs. Grace Burton, of Springhill, a graduate of All Saints Hospital; Miss Dorothy Gill and Miss Margaret Somers, graduates of Victoria General Hospital, tied for second place, while Miss Willa Matatall, also a graduate of Victoria General Hospital, won third place. Two male nurses were included in the list.

ONTARIO

DEPARTMENT OF HEALTH: Miss Margaret Harrison has resigned her position as public health nurse in Penetanguishene and is leaving early in the New Year for London, England, to be married. Miss Harrison is a graduate of the School of Nursing of the Toronto General Hospital (1932), and of the course in public health nursing, University of Toronto. Miss Irene McGurk resigned her position as public health nurse in York township recently and was married on December 28, 1935, to Mr. Walter Dunbar. They will reside in Schreiber. Miss Oweita Clark, a graduate of the School of Nursing of the Toronto General Hospital (1926) and of the course in public health nursing, University of Toronto, has been appointed school nurse in Cornwall to succeed her sister, Miss Evelyn Clark, who was recently married.

We regret to announce the death in December, 1935, of Miss Minnie Pegg, who has been for a number of years engaged in school nursing work in Wentworth County. Miss Pegg took a keen interest in school health services and was president of the school health section of the Ontario Educational Association in 1932. Miss Gladys Motley, a graduate of the School of Nursing of St. Catharines General Hospital (1927), and of the public health nursing course, University of Toronto, has resigned her position as public health nurse in Haileybury and will continue the work in Wentworth County which Miss Pegg had been carrying on so capably.

DISTRICTS 2 AND 3

BRANTFORD: At a recent meeting of the Alumnae Association of the Brantford General Hospital the speaker of the evening, Rev. G. D. Johnston, gave an interesting talk on affairs in Ethiopia during the present crisis. Miss Edith Read (B.G.H., 1934) is spending a short time at the Toronto Free Hospital. Miss Aileen Mair, Mrs. H. B. Cauvett and Miss Florence Westbrook were recent visitors. Prior to her marriage Miss Eleanor Marshall was entertained by Mrs. R. W. Knight, at a kitchen shower, Miss Velma Buckwell, at a class re-

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union, the staff nurses (B.G.H.) at a linen shower.

MARRIED: On Jan. 1, 1936, Miss Eleanor B. Marshall (B.G.H., 1931) to Mr. Gordon Cottrill.

MARRIED: On Jan. 4, 1936, Miss Janet M. Preston (B.G.H., 1934) to Mr. John Howie.

SIMCOE: During the Christmas holidays the staff nurses of the Norfolk General Hospital held an enjoyable party. Gifts were bestowed on all from the beautifully decorated tree.

WOODSTOCK: Miss Edna Down, missionary on furlough from India, addressed a recent meeting of the Alumnae Association of the Woodstock General Hospital on her work in India.

MARRIED: On Oct. 23, 1935, Miss Winnifred Young (W.G.H., 1925) to Mr. Thomas B. Little.

DISTRICT 5

TORONTO WESTERN HOSPITAL: MARRIED: On December 28, 1935, Miss Caroline Louise Blakeman (T.W.H., 1933) to Mr. Charles E. Morton.

MARRIED: In December, 1935, Miss Beryl Sinden (T.W.H., 1931) to Mr. Robert Weir Erwood.

DISTRICT 9

GRAVENHURST: At a recent meeting of the local Chapter, Dr. Hazlewood gave an interesting talk on artificial pneumo-thorax. An instructive paper on "Early Origins of medicine" was read by Miss Bird.

HAILEYBURY: A meeting of the Haileybury, Cobalt, New Liskeard Chapter, R.N.A.O. was held recently in the Misericordia Hospital, Haileybury, when Dr. Atkinson gave an interesting talk on pre-natal care.

NORTH BAY: A meeting of the local Chapter R.N.A.O. was held recently at St. Joseph's Hospital. A representative of the Mead Johnson Company showed a motion picture on pediatric nursing which was instructive. By invitation of the local medical association, the nurses were shown pictures of surgery; these were very detailed, covering diagnosis and surgery in vomiting of infants, and breast surgery. Miss Jean Parks gave a paper on "Registries."

SAULT STE. MARIE: Miss Lillian Goatbe was again elected president of the General Hospital Alumnae Association at the recent annual meeting. The other officers are: First vice-president, Miss Virginia Cameron; secretary-treasurer, Miss Alma O'Connor; press secretary, Miss Laura Hehm; private duty convener, Miss Mary Delaney; finance convener, Miss J. E. Gingras. The association intends to furnish a room in the hospital, and the members hope that the furniture will soon be purchased.

SAULT STE. MARIE: The December meeting of the Soo Chapter, District 9, R.N.A.O., proved to be an interesting one and was held at the Plummer Memorial Hospital. Miss Bertha Miller gave an excellent paper on her public health work, which was followed by a round-table discussion of the obstetrical paper given at the November registration examination.

TIMMINS CHAPTER: The Chapter is subscribing for *The Canadian Nurse* and the *American Journal of Nursing;* these magazines are for the use of the nurses at the Hospital. Miss Pennock, provincial supervisor of public health nursing, recently gave an interesting talk referring to the early history of public health nursing, its programme, the work to be covered, and the qualifications and standards required for a perfect public health nurse.

QUEBEC

MONTREAL: Children's Memorial Hospital: Miss Hilda Nuttall (C.M.H., 1927) has been

appointed medical supervisor at the Children's Memorial Hospital.

MARRIED: On Dec. 21, 1935, Miss Marjorie MacCallum (C.M.H., 1933) to Mr. Rudolph Illi.

SASKATCHEWAN

REGINA: A successful refresher course, organized under the auspices of the nursing education section of the Regina branch of the Saskatchewan Registered Nurses Association, was held from January 22 to 24 inclusive. At the opening session, an introductory address was given by the chairman, Miss A. F. Lawrie. Subsequently, addresses were given by the following speakers: Dr. J. W. Hedley, "Psychology"; Miss Ruby Simpson, president of the Canadian Nurses Association, "Associations of nurses"; Dr. R. C. Riley, "Treatment of cancer"; Dr. C. M. Henry, "Radium in the treatment of cancer"; Miss G. Thomson, "Nursing care in cancer"; Dr. O. E. Rothwell, "Hyperthermia treatment"; Dr. C. H. Ramsey, "Apparatus used in hyperthermia treatment"; Miss A. F. Lawrie, "Production and transportation of drugs"; Dr. D. C. Hart, "Drug review"; Dr. B. C. Leech, "Newer types of anaesthesia"; Dr. J. B. Ritchie, "Nursing in the South Sea Islands". Miss C. Curry, of the Regina branch of the Victorian Order of Nurses, gave a demonstration of maternal care in the home and a round-table was conducted for private duty nurses by Miss H. Wills at which the main topic of discussion was "The dawning of a new era." An outstanding feature of the course was a luncheon meeting when the guest speaker was Miss E. Smith, of Moose Jaw, who recently completed the course given under the auspices of the Nightingale Memorial Foundation; her topic was "Experiences in Europe." A delightful social event took the form of an afternoon tea, given at the Regina General Hospital.

SASKATOON: Miss Christine Murray, who recently took the course given at Bedford College, London, under the auspices of the Nightingale International Foundation, gave an address at a recent meeting of the City Hospital Alumnae Association.

MARRIED: Recently, Miss Clara Edna Bird (S.C.H., 1931) to Mr. G. L. Davey.

MARRIED: On Jan. 1, 1936, Miss Essie Gwendolyn Jones (S.C.H., 1932) to Mr. John Cuthbert Gibson.

MARRIED: On Dec. 31, 1935, Miss Alice Lillian Melsness to Mr. James Henry Hamlyn Jackson.

MARRIED: On Dec. 14, 1935, Miss Grace Eileen Shannon (S.C.H., 1928) to Mr. John Calvin Colclough.

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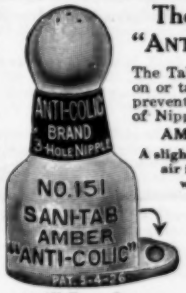

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OVERSEAS NURSING SISTERS ASSOCIATION

VICTORIA: The Victoria Unit of the Overseas Nursing Sisters Association held their annual tea and meeting on Armistice afternoon. There were twenty-eight Sisters present and it was decided to form a Sisters' branch of the Legion. Among those attending were: Miss T. Bradshaw, Miss M. Bentham, Miss A. Benvie, Mrs. Cave, Mrs. J. Dewar, Mrs. E. Dixon, Mrs. Fletcher, Miss E. Franks, Miss A. Forbes, Mrs. J. Hannay, Mrs. Harper, Miss Hodge, Mrs. J. Gibb, Miss J. Kay, Miss L. Macdonald, Mrs. McCauley, Miss McVitty, Miss Morrison, Mrs. O'Leary, Mrs. Peel, Mrs. Rose, Mrs. Herman Robertson and Miss L. Rose, Mrs. C. E. Thompson, Mrs. Towill, Mrs. Walker, Miss A. Williams and Mrs. R. C. Thompson. The officers for 1936 are: President, Miss J. Kay; vice-president, Miss L. Rose; secretary-treasurer, Miss A. Forbes.

WINDSOR: The Windsor Unit of the Overseas Nursing Sisters Association held its annual Armistice dinner on Nov. 15 with a good attendance. Prior to dinner a two-minute silence was observed in memory of those Nursing Sisters who gave their lives in the Great War. Mrs. E. C. Windelar (Jane Johnstone), our president, proposed the toast to "The King," and it was decided that the secretary-treasurer, Miss Nellie Gerard, should send cigarettes to all sick returned men in hospital. After the business meeting the members enjoyed a game of bridge.

OBITUARY

McBRIDE—The death occurred, in Vancouver, B.C., on New Year's Day, 1936, of Elizabeth McBride, a graduate of the School of Nursing of the Winnipeg General Hospital. Subsequent to graduation, Miss McBride served as superintendent of the Michel Hospital in the Crow's Nest district of British Columbia. After twelve years of devoted service she went to Honolulu, where she was associated with the Government Hospital. About eight years ago she retired, and since that time made her home in Vancouver. Miss McBride will be remembered by all who knew her not only as a skilled nurse and able administrator, but also as the possessor of a delightful and unfailing sense of humour. A number of her nursing colleagues attended her interment in Mountain View cemetery.

McCRADY — The death occurred at Lyn, near Brockville, Ontario, on December 12, 1935, of Mrs. J. McCrady, formerly Nursing Sister Grace Bell Billings, a graduate of the School of Nursing, Brockville General Hospital, who went to France with number seven, Canadian General Hospital (Queen's University) and remained with the Unit till 1919 excepting for a short period when she was with a casualty clearing station in Belgium.

PEGG—The death occurred recently of Miss Minnie Pegg, a graduate of the School of Nursing of the Hamilton General Hospital. She was a devoted and energetic member of her Alumnae Association and her loss is keenly felt. Miss Pegg was for a number of years engaged in school nursing work in Wentworth County, Ont. She took a keen interest in school health services and, in 1932, served as president of the school health section of the Ontario Educational Association.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Froude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcelin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections: Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (bi-lingual), Miss M. E. Carey, 4307 Montrose Ave., Westmount. *Board of Examiners:* Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle Edna Lynch, 4642 rue St. Denis, Montreal, Mlle A. Marie Anysie Deland, Institut Bruchési, Montreal; Mlle A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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MANITOBA

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A.A., Misericordia Hospital, Winnipeg

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ONTARIO

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A.A., Brockville General Hospital, Brockville

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A.A., Chambers Memorial Hospital, Smiths Falls

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